



TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Training Application

Working as a Certified Peer Recovery Specialist in Tennessee can be an immensely rewarding occupation. It is a way to help others experience the recovery that you have experienced yourself. However, it is not the job for everyone, and it is one you need to be ready to undertake. To help us know you are ready, complete the following application. All information will remain confidential. The Certified Peer Recovery Specialist Training is provided free to all accepted applicants; however, you will be responsible for your own transportation, lodging, meals, beverages, and snacks.

Training location **that you desire:** _____

Name (also list any previously used names) _____

Today's Date _____

Address _____ Gender _____ Veteran ☐ YES ☐ NO

City, State, ZIP _____

Phone (with area code) _____

Email (required) _____

Social Security Number (Required) _____ Date of Birth _____

Persons with a disability who require accommodations should notify the Peer Recovery Coordinator, at 615-741-7693 or cprs.tdmhsas@tn.gov to request or discuss accommodations. While three weeks of advance notice is preferred, every effort will be made to provide accommodations when requested.

Are you eighteen years of age or older? ☐ YES ☐ NO

Are you currently employed? ☐ YES ☐ NO

List the last two jobs you have held, the name of your employers, and the dates of your employment. (*Note: an employment history is not necessary for consideration.*)

1. _____

2. _____

Check your highest level of education.

☐ High School Diploma ☐ GED

☐ Vocational certificate, specialty _____

☐ Associate's Degree, concentration _____

☐ Bachelors, ☐ Master's, ☐ PhD, major _____

☐ LADAC, ☐ Other, specify _____

***(Include a copy of your diploma, GED, DD214, or unofficial school transcripts)**

| | | | |
|--|------------------------------|-----------------------------|--------------------------------|
| Are you in recovery from a mental health disorder? If yes, | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| have you been in recovery from a mental health disorder for at least the past 24 consecutive months? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| Are you in recovery from a substance use disorder? If yes, | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| have you been in recovery from a substance use disorder for at least the past 24 consecutive months? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| Are you willing to disclose to peers, staff, and the public that you have lived experience with a mental illness, substance use disorder, or both? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| You will be expected to participate in discussions and role-plays using elements of your own recovery story. Are you comfortable sharing your recovery story with others? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| You will also be required to listen to the recovery stories of others. Sometimes these stories may be uncomfortable for you, particularly if they touch upon one of your “triggers.” Are you okay with this? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| The required training is intensive and can be fatiguing. Do you feel you generally have the energy to stay focused and alert? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| If accepted, you must attend all of the 40-hour, weeklong training. Will you commit to that? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| The training is highly interactive and requires activities that involve small groups, role-playing, and reading to the group. Are you comfortable with this kind of participation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |

Please write complete answers to the following questions without outside help. Your answers can be brief, but use complete sentences, type or make your handwriting clear and legible, and limit your responses to the space provided. This is not a test with right and wrong answers. It is a way to assess your readiness to take the certification training.

Describe how your personal recovery journey has helped you to get where you are today. _____

What are some of the things you do on a regular basis to keep yourself focused on your recovery? _____

Describe at least two of your strengths and how they have helped you in your recovery. _____

What is your plan to deal with triggers and/or a recurrence of your symptoms? _____

Have you ever led a group? ☐ YES ☐ NO

If so, what did you like about it? If no, how do you feel about leading a group? _____

Have you ever taught a class? ☐ YES ☐ NO

If so, what did you like about it? If no, how do you feel about teaching a class? _____

Describe your best experience in employment, service work, or volunteer work and what made it meaningful. _____

Describe your support system and how it has helped you in your recovery.

In addition, if you have experience with support organizations such as Alcoholics Anonymous, Narcotics Anonymous, the Tennessee Mental Health Consumers' Association (TMHCA), the Depression and Bipolar Support Alliance (DBSA), NAMI Tennessee, or others, also describe how they have helped you in your recovery.

Describe why you want to become a Certified Peer Recovery Specialist. _____

Why do you feel you would be a good candidate to work with peers in the mental health field and/or substance abuse field?

Is there anything else you would like us to know? _____

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny my certification.

Your signature _____ Date _____

Your printed name _____

Name preferred on certificate _____

If you are employed, please have your immediate supervisor sign below attesting that you are approved to attend all of the 40-hour training.

Supervisor's Name _____ Credentials _____

Title _____

Agency/Organization _____

Phone (with area code) _____

Email _____

Signature of Immediate Supervisor _____ Date _____

***(IMPORTANT: Attach a copy of your diploma, GED, DD214, or unofficial school transcripts to this application to be considered)**

*If you have any questions about how to complete this application, contact the Peer Recovery Coordinator (below).
Once complete, fax or scan and email your application to:*

Peer Recovery Coordinator

Tennessee Department of Mental Health and Substance Abuse Services

5th Floor Andrew Jackson Building

500 Deaderick Street

Nashville, Tennessee 37243

Fax: 615-253-3920

Email: cprs.tdmhsas@tn.gov